

1 Karen M. Rozier
2 7957 Dahlia Circle
3 Buena Park, CA 90620
4 (714) 512-5740
5 Claimant Unrepresented

6 **UNITED STATES BANKRUPTCY COURT**
7 **SOUTHERN DISTRICT OF NEW YORK**

8 In re:) Chapter 11
9)
10 Residential Capital, LLC, et. al.) Claim No. 5632
11) [Submitted concurrently with claim 4738]
12 Debtors)
13) AFFIDAVIT
14)
15)

16 **AFFIDAVIT OF KAREN MICHELE ROZIER**

- 17 1. I am a Creditor for Executive Trustee Services, LLC dba ETS, LLC.
18 2. I have properly filed my Proof Of Claim timely and the time for
19 objection has passed.
20 3. I have properly filed my Demand for Payment timely and the time
21 for objection has passed.
22 4. I have maintained continual contact with counsel from the
23 Unsecured Borrower's Committee regarding claims and this
24 settlement by confirmation. The contact between the parties has
25 been uninformative and pointless. My previous point of contact
26 was Brian Powers from Silverman Acampo. I have also attempted to
27 communicate with Gary S. Lee from MORRISON & FOERSTER, LLP about
28 my claim.

1 5. I have reviewed the APPLICATION FOR IMMEDIATE PAYMENT PURSUANT TO
2 11 U.S.C. SECTION 503. All of the facts and matters stated in
3 said Application are true and correct to the best of my
4 knowledge, information, and belief.

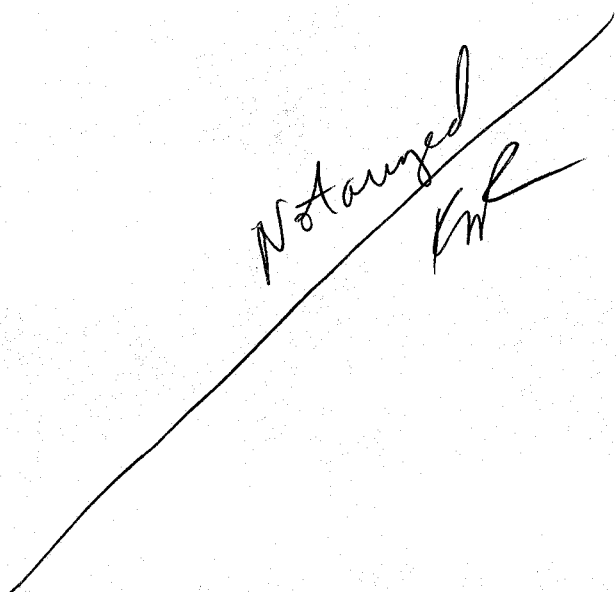
5 Further affiant saith naught.

6
7 I declare under penalty of perjury that the above is true and correct
8 to the best of my knowledge, under the laws of perjury in these United
9 States.
10

11
12 Date: JANUARY 21, 2014

13 Executed in: Buena Park, CA

14
15 
16 Karen Michele Rozier

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Notarized
[Signature]

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

State of California

County of Orange

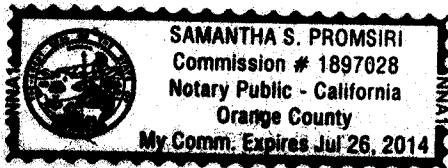
On 1-21-14
Date

before me,

Samantha S. Promsiri
Here Insert Name and Title of the Officer

personally appeared

Karen Michele Rozier
Name(s) of Signer(s)



who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: [Signature]

Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: United State Bankruptcy court /affidavit, claim #5632

Document Date: 1-21-14 Number of Pages: 2

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

☐ Corporate Officer — Title(s): _____

☒ Individual

☐ Partner — ☐ Limited ☐ General

☐ Attorney in Fact

☐ Trustee

☐ Guardian or Conservator

☐ Other: _____

Signer Is Representing: _____

RIGHT THUMBPRINT
OF SIGNER
Top of thumb here

Signer's Name: _____

☐ Corporate Officer — Title(s): _____

☐ Individual

☐ Partner — ☐ Limited ☐ General

☐ Attorney in Fact

☐ Trustee

☐ Guardian or Conservator

☐ Other: _____

Signer Is Representing: _____

RIGHT THUMBPRINT
OF SIGNER
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